OTPE TO ANIONALTTAL	Complete if Known				
TRANSMITTAL	Application Number	10/033,190			
AUG 2 7 2004 gror FY 2004	Filing Date	10/29/2001			
1 <i>K1</i>	First Named Inventor	Connor			
Effective 1009/2003. Patent fees are subject to annual revision.	Examiner Name	Helmer			
Effective 1000/2003. Patent lees are subject to annual revision.  TOTAL AMOUNT OF PAYMENT (\$) 950	Art Unit	1638			
TOTAL AMOUNT OF PAYMENT (\$) 950	Attorney Docket No.	EP01-002C			

ME	THOD OF BAYME	NT (shock all that apply)		1		-	EEE C	ALCHI ATION (continued)			
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)  3. ADDITIONAL FEES								
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order			Large Entity   Small Entity								
☑ Deposit Account:											
Deposit				Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
Account	50-1108			1051	130	2051	65	Surcharge - fate filing fee or oath			
Number				1052	50	2052	25	Surcharge - late provisional filing fee			
Deposit				1053	130	1053	130	or cover sheet.  Non-English specification	<b></b>		
Account	Exelixis, Inc.			1812	2,520	1812	2,520	For filing a request for reexamination			
Name				1804	920*	1804	920°	Requesting publication of SIR prior to			
The Director is authorized to: (check all that apply)  Charge fee(s) indicated below				1805	1,840*	1805	1,840*	Examiner action Requesting publication of SIR after			
☐ Charge any additional fee(s) during the pendency of this application     ☐ Charge fee(s) indicated below, except for the filing fee				440			Examiner action	<b></b>			
to the above-identified deposit account.				1251	110	2251	55	Extension for reply within first month			
FEE CALCULATION			1252	420	2252	210	Extension for reply within second month				
1. BASIC, FI	LING FEE			1253	950	2253	475	Extension for reply within third month	950.00		
Large Entity S	Small Entity	e Description		1254	1,480	2254	740	Extension for reply within fourth month			
	ode (\$)	Fee Pald		1255	2,010	2255	1,005	Extension for reply within fifth month			
1001 770 20		ility filing fee		1401	330	2401	165	Notice of Appeal			
1002 340 20	002 170 De	esign filing fee	7	1402	330	2402	165	Filing a brief in support of an appeal			
1003 530 20	003 265 Pla	ant filing fee	7	1403	290	2403	145	Request for oral hearing			
		eissue filing fee	7	1451	1,510	1451	1,510	Petition to institute a public use proceeding			
1005 160 20	005 80 Pr	ovisional filling fee	ل	1452	110	2452	55	Petition to revive - unavoidable			
SUBTOTAL (1) (\$) 0			1453	1,330	2453	665	Petition to revive - unintentional				
				1501	1,330	2501	665	Utility issue fee (or reissue)			
2. EXTRA CLAI		UTILITY AND REISSUE		1502	480	2502	240	Design issue fee			
		extra Fee from Fee Claims below Paid		1503	640	2503	320	Plant issue fee			
Total Claims	20 •• = [5		7	1460	130	1460	130	Petitions to the Commissioner			
Independent	<b>-</b> -		ヿ゙	1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)			
Claims	3 **	X = 0	ا	1806	180	1806	180	Submission of Information Disclosure Stmt			
Multiple Dependent		X = 0		8021	40	8021	40	Recording each patent assignment per property (times number of			
Large Entity	Small Entity							properties)			
Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description		1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))			
1202 18 1201 86	2202 9 2201 43	Claims in excess of 20 Independent claims in excess of 3		1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))			
1201 66	2201 43	Multiple dependent claim, if not pa	id	1801	770	2801	385	Request for Continued Examination (RCE)			
1204 86	2204 43	** Reissue independent claims ove original patent	r	1802	900	1802		Request for expedited examination	$\vdash \vdash \vdash \vdash$		
1205 18	2205 9	** Reissue claims in excess of 20 a	and					of a design application			
'	over original patent				Other fee (specify)						
SUBTOTAL (2) (\$) 0											
**or number previously paid, if greater; For Reissues, see above					*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 950						
SUBMITTED BY	<del></del>	· · · · · · · · · · · · · · · · · · ·						Complete (if applicable)	<del></del>		

SUBMITTED BY Complete (if applicable)						
Name (Print/Type)	Terri L. Sale	Registration No. (Attorney/Agent)	45,066	Telephone	650.837.7460	
Signature	Zemi	250		Date	August 27, 2004	

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